"Express Mail" mailing laber number <u>EV530259945US</u>

PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Type a plus sign (+) inside this box + U.S. Department of Commerce Patent and Trademark Office C 2312 PCT/US 0010/PTO Attorney Docket Rev. 6/95 Number First Named Inventor ZANDER, Lars **DECLARATION FOR** COMPLETE IF KNOWN **UTILITY OR DESIGN Application Number** PATENT APPLICATION Filing Date **Group Art Unit** OR Declaration Declaration Submitted after Submitted **Examiner Name** with Initial Filing Initial Filing As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PREPARATIONS CONTAINING CONJUGATED LINOLEIC ALCOHOL (Title of the Invention) the specification of which is attached hereto OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) 06/03/2003 (if applicable). and was amended on (MM/DD/YYYY) Application Number PCT/EP2003/005776 ! hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? **Priority** Foreign Filing Date (MM/DD/YYYY) Prior Foreign Application Number(s) Country Not Claimed 06/12/2002 102 26 018.4 DE Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below. Additional provisional Filing Date (MM/DD/YYYY) Application Number(s) application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.





## **DECLARATION**

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365® of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent	PC	T Parent		Pare	nt Filing	g Date		Number able)					
Application Number	<del>-  </del>	2003/005	776	-	3/2003	,		(п аррпос					
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.													
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:													
Firm Name	Customer or label Number									]			
X List Attorney(s) and/or agent(s) name and registration number below:													
Name		Registrat Number	tion er			Name			Registration Number				
Aaron R. Ettelman		42,516								_			
				Ì									
Additional attornev(s) and/	Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.												
Please direct all correspondence to:		ier orlah			23657			Fill in correspondence address below					
Name Aaron R.	Ettelman												
Address							· ·						
Address				Ctata				Zip	1				
City	Teleph			State -628-1000		Fa	ı Y		215-628-1345				
Country	-1-1	ada barain	of my	own know	vledge ar	re true an	d that all	statements	made on				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or Firs				_		A petition	n has been f	led for this unsi	igned invento	or			
Given Lars Name	Middle Initial		Fam Nan	nily Za	ander		Suffix e.g. Jr.						
Inventor's Signature							Date						
Residence: City Duesse	State		Co	Country Germany			Citizenship Germa						
Post Office Address Caecilienstrasse 12													
Post Office Address													
City 40597 Duesseldon	e	Zip		Country	Germa	ny	Applicant Authority	Applicant Authority					
X Additional inventor	are being nam	ed on supple	menta	l sheet(s) a	ttached he	ereto							

Type a	a plus :	sign (	<u>+) ins</u>	ide this box +											<u>C</u>	<u> 231</u>	<u> 2 PCI</u>	7/US	
ADDITIONAL INVENTOR(S) Supplemental Sheet																			
Name of Additional Joint Inventor, if any:												A p	etition ha	as been filed for this unsigned					
	Given Albert Name					Middle Initial				Fan Nan		St	rube	·		Suffix e.g. Jr.			
Inventor's Signature														Date					
Residence: City Neuss					State C			Co	ountry	Germany			Citizenship		Germany				
Post Office Address Max-Ernst-Strasse 107					107	-													
Post Office Address																			
City 41470 Neuss State			State			Zip			Country Germa		German	у	Applicant Authority						
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor																			
	Given Norbert					Middle Initial				Fan Nar	nily ne	Н	uebner	Su e.ç		ffix . Jr.			
	entor's nature					•								Date			<u></u>		
Residence: City Langenfeld					Sta	State			. Co	ountry	G	iermany		Citizenship		Germany			
Post (	Office A	Addre	ss	Alt Langenf	eld 38		_											(	
Post (	Office A	Addre	ss																
City 40764 Langenfeld State			State		Zip				Cou	intry	German	Applicant Authority							
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor																			
					Middl Initial				Far Na	nily me	Westfechtel					ffix J. Jr.			
Inventor's Signature											Date								
Residence: City Hilden St					ite			С	Country Germany			Citizenshi			ip <b>Germany</b>				
Post (	Office /	Addre	ss	Menzelweg	74												_		
Post Office Address																			
City 40724 Hilden State				State		Zip				Country German			ıy	Applica Authori	int ity				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor																			
Given Name			Middle Initial				Family Name							ffix g. Jr.					
Inventor's Signature													Date						
Residence: City State								Country Citizenship							1				
Post Office Address																			
Post Office Address																			
City		State			State		Zip				Country				Applicant Authority				
	Add	itiona	l inve	ntors are bein	g name	d on su	pple	mer	ntal shee	t(s)	attach	ed h	ereto					_	
			_			_	_			_									